

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Ave NW

☒(Check if address
is changed)

Suite 1100

Washington

CITY ▲

DC

STATE ▲

20036

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

fammedpac@aafp.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

http://www.fammedpac.org

2. DATE

MM / DD / YYYY
10 / 02 / 2012

3. FEC IDENTIFICATION NUMBER ►

C C00411553

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Randell K. Wexler MD

Signature of Treasurer

Dr. Randell K. Wexler MD

[Electronically Filed]

Date

MM / DD / YYYY
09 / 14 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)